Under the Papetwork PATE	Reduction Act of 1885, no p NT APPLICATION Substitut	PEE DETERMINE	Approving to the control of the cont	red for use the k Office; U.S. Unless it disc	rough 7/81/2008. DÉPARTMENT (OMB 0851-0 OMB 0851-0 OMB 0851-0
	Substitu	e for Form PTO-876	TION RECORD	Appl	befor at Docker	control num lumber
API	PLICATION AS FILE				7/419	1696
	(Oolumn 1)	(Column 2)	SMALL ENTITY	O R	OTHER	RTHAN
FOR. BASIC FEE	NUMBER FILED .	NUMBER EXTRA			SMALL	ENTITY
(87 CFR 1.18(a), (b), or (d)) SEARCH FEE			RATE (\$) . FEE	1)	RATE (1)	FEE (\$)
EXAMINATION FEE						
(P7 CFR 1.18(a), (p), or (a))						
TOTAL OLAIMS (37 CFR 1.16(1))	minus 20 =					
INDEPENDENT CLAIMS (87 CFR 1.16(h))			x 25=	OR	x 50 -	
	If the specification ar	d drawings	x /0V =		x200=	
APPLICATION SIZE FEE	sheets of paper, the is \$250 (\$125 for small			1	~~ ~ ·	
(37 CFR 1.16(s))						
MULTIPLE DEPENDENT	1 41010: 4 1(a)(1)(G	180037 CFR 1 46/m		1 1		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(1))			180	7 t	360	<u> </u>
If the difference in column 1 is less than zero, enter "0" in column 2.			TOTAL	니 L	260	
APPLICA	TION AS AMENDED	– PART II			TOTAL	
MILO MAIN			.	•	•	•
	LAIMS	(Column 2) (Column 3)	SMALL ENTITY	OR	OTHER TH	MAH
-1 /	VETER	NUMBER PRESENT EVIOUSLY EXTRA	RATE (\$) ADDI-	T	SMALL EN	TITY
Total 4	NOMENT PR	AID FOR	TIONAL FEE (1)		RATE (\$)	ADDI- TIONAL
str cfr (.14m) Independent (str cfr (.14m)) Application Size Fee (.	Minus ***	χO -	x 025 =	OR X	127	FEE (\$)
Application Size Fee (4 =	x 100	7 -	15 3	<u> </u>
				OR X	OFOG.	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(1))		180	OR -	360		
•		*	TOTAL ADD'L FEE	To	TAI	
	mn 1) (C	Column 2) (Column 3)		; 1 OK YO	DO'L FEE	\
REM	AINING	GHEST IMBER PRESENT	DATE (4)	· -		
Total 4	DMENT. PA	VIOUSLY EXTRA	RATE (\$) ADDI- TIONAL	F		/DDI-
	Minus *4	= -	FEE (\$)		<u>F</u>	ONAL E(\$)
tridependent (37 CFR 1.16(N)	Minus ***	=	X =	OR X		
(37 CFR 1.16(II) Minus *** = M			X	OR X	=	
FIRST PRESENTATION OF	MULTIPLE DEPENDENT OLA	IM (37 OFR 1.160)				
			TOTAL	OR.		
If the entry in column 1 is	s less than the and the			OR TOT	AL SEE	
* If the entry in column 1 is the "Highest Number F If the "Highest Number P	s less than the entry in colu reviously Paid For: IN THIS	nin 2, write "0" in column 3.	. MOCTEE	ADD	LFEE	

"If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For" (IN THIS SPACE is less than 3, enter "3".

This collection of Information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to file (and by the Induding gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.